

Gibney (V. P.)

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THE  
MANAGEMENT OF ABSCESSES

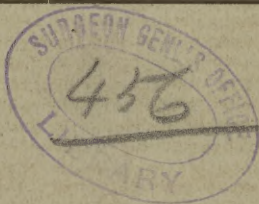
IN CONNECTION WITH THE  
BONE-DISEASES OF CHILDHOOD.

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BY V. P. GIBNEY, A.M., M.D.,  
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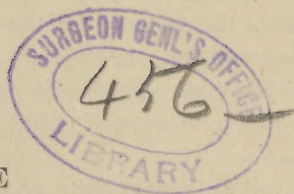
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THE

# MÂNAGEMENT OF ABSCESSSES

IN CONNECTION WITH THE

## BONE-DISEASES OF CHILDHOOD.

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THE above must serve as a title for some remarks upon the subject of cold abscesses. The author regrets very much that he is unable to give an argumentative paper, because there is as yet in the medical and surgical mind a certain amount of obscurity whenever this question presents: What shall be done with an abscess if it comes from "Pott's disease," or "hip-disease," or "white swelling?" If the question is asked a general surgeon, whether he be but recently admitted to the profession, or whether he be old in the service, the answer is almost universally this: Follow the general surgical rule, and let out pus whenever and wherever found. My intercourse with surgeons and my reading inclines me to the belief that the above advice is nearly always given.

If the question be asked an orthopedic surgeon, irrespective of the country in which he practices, the answer will be about this: Do not interfere. There are modifications of this answer, but the general rule is to pay little attention to the abscesses, but direct your efforts to the protection of the bone or joint whence the abscess comes. It is a great pity that the



question cannot be settled definitely by reliable statistics, which could be easily furnished by certain hospitals and institutions. Such work, however, is laborious, and is usually left to the junior members of the house staff, who cannot appreciate the value of reliable statistics. The average history-taking and note-making are certainly not conducive to scientific progress. In discussing this question, then, the writer reluctantly deals with opinions not fortified by statistical evidence.

Even before the days of antiseptic surgery it was the custom among surgeons to open abscesses freely, and the claim was made that the patient did better for such treatment. On the other hand, it was the impression at the hospital for the ruptured and crippled, twenty years ago, that patients whose abscesses were opened were sure to die from prolonged suppuration. It was thought that admission of air to the sac proved harmful,—developed septicæmiâ. Since the advent of antisepticism the claim is that the mortality is greatly diminished, and that the abscess-sacs heal promptly. Why such claims should be made so positively I am at a loss to understand.

It must be remembered that patients in hospitals are not retained longer than seems necessary to their comfort; that just as soon as they can be discharged with safety they are sent home; that it matters little whether the sinus is closed entirely or not; that a slight discharge therefrom is of little surgical significance. It must also be remembered that it is not an uncommon thing for such an abscess to heal and to reopen subsequently within a few weeks or a few months. It is the same old abscess, and the behavior is alike whether the knife is used or whether Nature attends to the opening. It is true that when an incision is made under antiseptic precautions there is, as a rule, no rise of temperature; but it should be remembered that the health is not impaired by slight rise of temperature, but by prolonged suppuration, which undermines the health, and which serves to develop lardaceous degeneration. It is no argument, therefore, for a surgeon to boast that the temperature has not been above  $100^{\circ}$ , or above  $98\frac{1}{2}^{\circ}$ , during the whole term of hospital sojourn. If he could

tell us the final results of his cases, results obtained long subsequent to the discharge from the hospital ; if he could tell us how many cases in a given number were still soundly healed, a year, say, after leaving the hospital, how many had sinuses still discharging freely or slightly, how many had enlarged liver and a low specific gravity of the urine ;—if the surgeon could give us this information in statistical form, then claims for superiority of treatment would be of value.

The writer recalls a case now that was treated successfully in a hospital ; the abscess was opened under antiseptic precaution, the proper dressing was applied, and at the end of a few weeks the patient was discharged with the sinuses practically closed. Several months later the discharge was quite abundant, and so it has continued to the present time, now two or three years subsequent to this hospital treatment. The question of prime importance seems to be this : not whether the abscess should be opened or left alone, but how the abscess shall be managed. In my opinion, it matters little whether the surgeon chooses to open the abscess with the knife, or whether he chooses to aspirate, or whether he chooses to leave it entirely alone. He can take any plan he likes ; but if he fails to protect the bone or the joint with suitable support he will get about the one result, and that is this : the abscess will be followed by others, and the sinuses will close only to reopen. Unless Nature herself finds some protection to the bone, and can succeed in arresting the disease, the suppuration will continue until amyloid changes are developed in the internal organs, or until a high state of exhaustion ends in death by asthenia. Cases that have come under my observation in hospital justify me in the above statement.

In a visit to some of the London hospitals during the past summer I saw children whose abscesses had been opened and thoroughly drained, but at the same time they had protective treatment, and they did well.

At Liverpool, among Mr. Thomas's patients, I saw many abscesses practically innocuous ; in fact, Mr. Thomas told me that he rarely had occasion to open abscesses. The protection afforded by his splints, which immobilize the joint, seems to make incision and drainage unnecessary.



In Manchester, Mr. Wright has excellent results where surgical means have been employed, yet I observed that the joints were well protected in immobilizing splints.

The argument, then, I wish to make is this: That if the surgeon will see that the spine, or the hip, or the knee, or whatever joint is endangered by disease;—if he will see that sufficient protection is afforded such a joint during a long period of time, it will make little difference how he manages his abscesses. As supporting this view I beg to submit a few cases taken at random.

A woman, twenty years of age, married, of good physique, came under my observation in February, 1886, referred to my clinic by my friend Dr. Hemmingway. She gave a long history of suffering. Suffice it to say that the diagnosis was ostitis of the lumbar spine with deformity already present. When she presented for examination I found a deep-seated psoas abscess on the right side, producing the characteristic deformity. She suffered much from anterior crural neuralgia. I succeeded in applying a good plaster-of-Paris jacket, which, after a little while, gave her much comfort; still, she complained occasionally of pain down the limb. The hot douche was employed with some relief, yet the abscess grew slowly larger. Finally, in the following September, I aspirated the sac under cocaine, removing eight or ten ounces of thickish pus, and she assisted me in the operation. She has been well supported by the plaster jacket (great care has been employed in this matter), and she has learned how to appreciate a good-fitting support. A single aspiration sufficed to give her relief, and for weeks prior to this she was suffering at times most excruciating pains. All pain subsided by the next day, and there has been no return. On subsequent occasions I have tried, and without success, to find the abscess by palpation. In June last I applied a jacket, as she was to spend the summer in Sweden. I confess I was somewhat surprised at the prompt and, up to the present time, continued relief that she experienced from a single aspiration. I do not know to what else I may attribute this good result if not the support secured by the jacket.

A boy, four and one-half years of age, came under treat-

ment in the winter of 1885-86, suffering from ostitis of the lumbar vertebræ with double psoas abscess. At the time the abscess had not opened, and was appreciable only by palpation and by the deformity of his thighs. I succeeded, after a while, in giving him relief; in the spring, however, one of the abscesses had come quite near to the surface, and it was opened. At the same time, however, the jacket was kept applied, but it was difficult to secure a proper purchase by reason of the disease being seated so low in the spinal column. The boy suffered considerably during the summer and fall. The second abscess opened spontaneously; both continued to discharge. Finally, in November, 1886, I applied a Taylor "spinal assistant," from which I got better support than I could with the plaster. Three or four sinuses continued to discharge during the winter, yet they gave him very little trouble. By the 1st of January, 1887, he was going about with very little discomfort. The mother learned to take care of the dressing, and I even taught her how to keep the brace applied. Still, I made a point of seeing the boy once a week, and was thus enabled to superintend the apparatus quite closely. When I saw him in the early part of the summer his general health had improved wonderfully. He was able to run about quite actively, the deformity of the thighs had quite disappeared, the sinuses on one side had quite closed, while those on the other were merely oozing a little at times, and his prospects seemed very fair. In this case it will be seen that the plaster of Paris was ineffectual. The details of the case, given more fully, would convince one, I am sure, of the efforts we made to employ the jacket. The changes for good were most marked as soon as the Taylor brace was properly fitted. The parents were very attentive, and, at the same time, very intelligent, so that I had the benefit of their co-operation.

In striking contrast to this take a boy, nine years of age, who came to my clinic about one year and a half ago, with disease of the lumbar spine, first recognized by a psoas abscess on the left side. His mother's attention was first called to a defective gait, the boy walking as if he had hip-disease. The cause of this was found in the iliac fossa, and the spinal deformity was easily recognized. For six or eight months he wore a jacket,



and during this time the abscess remained to all appearances innocuous. His attendance then became irregular, his jacket began to break down, and last spring it was found that the abscess had increased to large proportions. It was then aspirated, and a second aspiration was made about two weeks subsequently. This was not very satisfactorily done, and the patient had become somewhat demoralized. The attendance was not so regular again. In the early part of the summer it opened spontaneously, and the discharge was very profuse. At the same time there appeared malarial symptoms complicating the hectic fever. The jacket, which was at best a poor one, was not worn very faithfully. On my return this fall I find that another abscess has appeared on the right side, has opened, and a third one still is presenting over the right hip. I find the jacket entirely useless. This is a clinic case: he lives at some distance from the Polyclinic, and it is very difficult under the circumstances to give him that attention which he deserves. How much he will improve when he gets a new support remains to be seen.

Take the case of a little girl, five years of age, who came to me in November, 1886, on account of most distressing pain in the right loin and down the thigh. I found that she had a slight projection of the second lumbar vertebra, and I had no difficulty in recognizing the disease; at the same time I could recognize no abscess in either iliac fossa. There seemed to be merely an irritation of the psoas muscles. The application of a jacket was not followed by the relief that I had anticipated. I applied several jackets, thinking that all that was needed was a good fit. The patient would get temporary benefit, and would decline to walk, would rest poorly at night, and was altogether in an unsatisfactory condition. I made several examinations in the iliac fossa for an abscess, but failed to find anything more than a little resistance to hyperextension of the thigh. Finally, I discontinued the use of plaster and got a very good fit in a Taylor brace. She still complained despite all this, and after another search, one day, I discovered deep in the right iliac fossa, upper portion and to the right side of the spinal column, a long fluctuating tumor. The fluctuation was not distinct; indeed, it was more a sense of tension. I



had no difficulty now in recognizing a deep psoas abscess, and in view of the failure to get relief from even the best mechanical appliance I introduced a large needle of an aspirator, under an anæsthetic, and succeeded in withdrawing about two ounces of thick creamy pus. The Taylor brace was then discarded and the plaster-of-Paris corset employed. The first aspiration was made on the 1st of June, was repeated on the 20th, and again on the 27th. Her relief dates from the first aspiration. I did not see the patient during the summer, but on the 15th of September she walked into my office quite briskly, head erect, and without any appreciable lameness. I made a careful examination and failed to detect any fulness along the course of the psoas muscles. There was no deformity of the thigh; she had enjoyed her summer; her health had improved. She is still wearing the plaster corset, and the mother did not care to go back to the steel brace. The deformity of the spine has not increased. I was strongly inclined, while managing this case, to transfer my faith from the plaster jacket to the Taylor brace, especially as the child seemed to improve for about a week after the steel apparatus had been applied as in the case reported above, yet this little girl felt much more comfortable in the plaster corset, even before the abscess was discovered, and after relief was afforded by the aspiration the jacket has been all that could be desired in the way of a support.

The case of a little girl, seven years of age, from Massachusetts illustrates very fairly, I think, the value of the plan I advocate. This child came under my observation some time in October, 1885, and the father came with prejudice against the plaster jacket, because the child had been wearing one for a year and had suffered considerably during this time. The deformity was in the lumbar region, centring perhaps in the body of the fourth. I soon persuaded him that I could apply a jacket which would afford relief, and accordingly a light solid jacket was applied the same day, and she was sent home that afternoon. There was no abscess to be discovered at this time. The father was instructed to report within three or four months at furthest, but *eight months* elapsed before I saw the child again. She did not come now

because of any pain and discomfort, for she had been running about quite actively during this whole period. She came because about two weeks previously her gait had become very awkward, and the father at this time discovered a fulness about the right hip. The jacket was in as good condition as on the day of its application, and seemed to fit quite well. On removing it for examination, however, there was found a large tumor filling the right gluteal and the right femoral regions. There was also a tumor filling the right iliac fossa. The joint movements were smooth. These tumors had come on quite imperceptibly; had given rise to no pain and no constitutional distress of any kind so far as the parents had observed. It was very inconvenient to have her remain in the city for any special treatment of the abscesses, hence it was decided to make an exploratory puncture, and send her home the same day, with instructions, however, to the local physician. The large needle was inserted into the gluteal tumor, and after punctures in several directions about ten minims of pus was removed. A new jacket was applied, and the patient was not seen again for six months, at which time I found the tumors diminished at least one-half. There had been no occasion whatever to interfere,—that is, no urgent symptoms presented. About four months elapsed again before she appeared, and there was then still less occasion for interference; in fact, the tumors had about disappeared. The last note was on the 21st of September, when no traces of abscess could be discovered.

I could cite other spinal cases wherein the abscess has disappeared, or where by very simple means the patient has been relieved of the abscess. A few cases of "hip-disease" may be mentioned, and the first of these is that of a female child, sixteen months of age, who was referred to me by Dr. W. Eager, of Middletown, N. Y. This was in the early part of 1885, and the history given at that time was this: In the latter part of the summer of 1884 the child began to favor the right limb as she walked. She had just begun to walk, and the lameness was quite perceptible. The little patient would cry out whenever she brought her weight upon the limb or when the foot was moved. The usual starting-pains during sleep were pres-



ent. She suffered very little throughout the day unless handled. The parents, who came with the child, gave an unexceptionally clear family history, and yet at the same time the mother was developing consumption, from which she died nearly a year later. The limb was very much deformed, and it was difficult to secure a satisfactory examination by reason of the soreness. A simple splint without the rack and pinion was applied a few days after her first visit, and she was sent home. It was nearly three months before I saw the patient again; then the splint rubbed so that for the past few days it had been causing some pain, hence was removed. The apparatus, however, despite the lack of attention, had succeeded in overcoming the deformity, and had rendered the child very comfortable. There was at this time, however, much infiltration in the groin, which seemed to point to an abscess. It was nearly six months before I saw the child again, though the splint had been kept applied quite faithfully, and the limb was now parallel with its fellow. There was by this time an immense abscess on the inner third of the thigh extending around over the hip. There was no pain of any kind, and, as the skin was not tense or discolored, I continued the previous treatment without further change. Three months later the abscess filled the whole anterior portion of the thigh, and the child was suffering some inconvenience by reason of the tension. Under chloroform this was opened antiseptically, and thoroughly washed with the bichloride solution, one to two thousand. A large drainage-tube was inserted, wood-wool dressing was used, and over the whole a plaster-of-Paris bandage was applied. The child was sent to her home in the country the same day. Ten days later she called, and on removing the dressing there was found no discharge through the drainage-tube, and the sac had quite collapsed. The tube was removed and a simple dressing employed; at the same time the splint was reapplied. Two months later when she called the abscess had healed; there was a dense cicatrix, the limb was quite straight, and the child was doing well. This was in February, 1886. I have seen her at intervals of two or three months from that time to the present, and there has been no untoward symptom at any time. Although her attendance

is very irregular, yet the splint has been worn quite faithfully, and the value of this apparatus has been fully appreciated by the family. At the last observation the limb was less than one-half inch shorter than its fellow, was parallel with it, and there was motion over an arc of nearly ninety degrees. Her general health was excellent, and the prospects for almost a perfect limb seemed very flattering.

In July, 1884, a boy, seven years of age, was referred to me for treatment of disease of the hip; there was shortening and atrophy of the limbs, with a history of lameness dating from the March preceding. There was some fulness about the hip, but no fluctuation at any point. It is sufficient to say that he presented all the signs that go to make up a genuine case of ostitis of the hip. I soon succeeded in getting a long splint applied, and there was nothing worthy of note to interrupt the treatment except the appearance of an abscess in January, 1886. This was situated on the outer side of the thigh, and extended around the hip. The tumor increased slightly in size, caused no inconvenience whatever, until an attempt on my part to interfere with it. This was in the fall of 1886, when I thought it might be well to aspirate, and accordingly I aspirated. A few days after the second aspiration the boy suffered considerably, the parts inflamed, and it looked as if erysipelas had set in; but this was avoided by the employment of ice-bags, and a few days later I aspirated again. He had no further inconvenience, no further pain, and inasmuch as there seemed to be very little fluid in the sac I did not repeat the aspiration again, but on the 23d of November whatever remained found its way out through a spontaneous opening. By the 30th of December the sac had collapsed, the wound was healed. There has been no reopening from that time to the present; indeed, there has been no refilling of the sac at any point. He still wears his splint, has long since given up the high shoe, and his limb is about equal in length with its fellow. There is in this case very decided atrophy, yet the point of interest is, that his abscess only caused him trouble on one occasion, and that was pretty soon after aspiration was resorted to. I believe now that if I had never touched the abscess it would have pursued an easier course than it did.



In the spring of 1886 a boy, four and a half years of age, from South Norwalk, Connecticut, came under my care for treatment of ostitis of the hip. His disease dated from the June preceding. The splint had been applied shortly after the appearance of the first symptoms by the family physician, and thus the joint had been well protected. At the time he came under my observation the hip was absolutely fixed, was quite tender, yet the limb was in good position. There was already an abscess on the outer aspect of the thigh, upper fourth, which had lasted for some months. I simply contented myself with getting a good-fitting apparatus, one in which he could go about with comfort, and the abscess was left to take care of itself. Suffice it to say that during the following winter the abscess opened spontaneously; another formed and pursued the same course, but at no time was the boy confined to his bed. His general health continued good, and the only inconvenience we had was the necessity for dressing the parts; this the mother learned to do quite satisfactorily, and on the 20th of September the following notes were made: "There is a large cicatrix extending down to the bone between the posterior and the anterior superior spinous processes. Along Poupert's ligament is another deep cicatrix. His angle of deformity is one hundred and fifty-five degrees. There is a small amount of motion at the hip; the limb can be abducted over a small arc. He stands with his spine quite straight, and can walk without any splint."

The right limb measured nineteen and a half, the left twenty.

It so happened that another patient from South Norwalk, a boy two years of age, came under treatment in July, 1885. His disease was ostitis of the hip, well advanced in the first stage, dating, it seemed, from the fifteenth month. He was in the midst of an acute exacerbation, and it was a long time before I could get a splint fitted to my satisfaction. The boy soon began to improve, became quite active, yet during the past winter an abscess formed, appearing on the outer side of the thigh, upper fourth. I did not see the child often by reason of the mother's inability to come to the city, and when the abscess had reached immense proportions I determined to open it, not because of any suffering, but it seemed "the proper

thing to do." She did not come at the appointed time, however, but when she did come the abscess had already opened spontaneously, and the mother had learned how to care for it. It closed within three or four months, and by the latter part of March there was no discharge. Quite recently, on examination, I found the limb was parallel with its fellow, and that there was motion over a small arc.

September 16 I had the opportunity to examine him again, and made the following notes: "His general health is excellent, he runs and plays, so the mother reports, quite actively; the limbs are equal in length; two deep cicatrices mark his thigh along the upper third. The limbs can be extended to an angle of one hundred and seventy-five degrees, can be rotated over about one-half of the normal arc. He still wears the splint for a protection, yet there seems to be little need for its continuance."

Take now the following case of a girl nine and a half years of age, an orphan, with numerous aunts. I saw this girl in November, 1886, for the first time. She had been lame for more than a year, was suffering from an acute exacerbation at this time, had an inch difference between the length of the limbs, and there was motion, if made carefully, to ninety degrees. It was nearly a month before I succeeded in getting the splint applied, and then many objections were urged by friends. She lived in the country, twenty-five miles from the city, and I almost despaired of doing anything with the case; still, my instructions were very explicit and not numerous. They were followed pretty well, and the girl did better than I expected. It was a long time, however, before she began to get about with comfort and ease. In April of the present year I discovered an abscess on the anterior aspect of the thigh, upper fourth. By the 15th of June the abscess had attained considerable size, and, while it was not giving her much annoyance, I determined to aspirate, with the intention to repeat it later. I removed about an ounce and a half of pus of thin consistency, and a firm compress was applied over the sac. On the 27th it was repeated, with the result of removing a smaller quantity. About this time I left the city, but gave instructions to the guardians that on the slightest occurrence of



pain she should be brought to my *locum tenens*. The child was not brought to the city before the 4th of October, and this was the report given by one of the aunts: Early in July the abscess refilled, rapidly grew larger, and a local physician was called. He decided that it must be opened at once, and proceeded in the usual manner. The splint was dispensed with, an ordinary weight and pulley employed, and for several weeks the sufferings were great. When I saw her she was pale, timorous, anæmic to a high degree, and the sinuses were still discharging quite freely. The weight and pulley, from what I learn, had been inefficient as a means of traction, and the splint had finally been reapplied by the friends. On occasion of her visits to me I took special pains to get a good fit, and insisted upon seeing her a week later; this was the 13th of October, and she has had much ease for at least a few days. The discharge is much less and she begins to get about again.

My deductions from this case may be biassed somewhat, but I feel morally sure that if the abscess could have been opened and the splint had been well adjusted spasm would have been prevented, protection would have been afforded the bone and the joint, the results would have been much more satisfactory, the little girl would have suffered much less, and the course of the abscess would have been more benignant. However, the case is presented simply as a negative one in connection with the preceding.

As I said in the beginning, it is not my purpose to mention the different methods of treating abscesses. I could refer to a paper by Dr. Judson, published in 1885, upon the management of abscesses in connection with hip-disease, in which paper a strong argument is made for the method of non-interference; I could refer to views expressed by prominent friends in this city, both in orthopedic surgery and in general surgery, wherein the most varied opinions are given; I confess to a certain fascination about a method I saw practised by Mr. Edmond Owen, of London,—viz., the opening of the abscess and the employment of through drainage; still, all these methods, in my opinion, are of use chiefly when protection is given to the bone.

The purport, then, of this paper is not specially the man-

agement of the abscesses, but the management of the case; the aim is to direct attention to the lesion itself, to impress upon the practitioner the importance of immobilization, rest, and protection to the parts. The writer feels sure that if this is practised it will make little difference what course is pursued when abscesses appear.

I feel that my task would be incomplete without some mention of the treatment of abscesses by means of solutions of iodoform. From an abstract prepared by Dr. Junker in the *London Medical Record*, August 15, 1887, I find the following points worthy of interest (the original paper, however, appeared in *Der Fortschritt*, No. 10, May 20, 1887, and was written by Wyss):

Fabricius, of Aquapendente, employed as early as 1619 injections of wine or oxymel. Dupuytren made injections of hot wine. Abeille and Boinet in 1849 used injections of tincture of iodine, which treatment had great repute for a long time and was alleged as highly successful. It was on the recommendation of M. Verneuil, in 1883, that injections of various kinds of solution of iodoform were employed. He reported his results before the *Congrès de Chirurgie* in 1885. They were published in the *Recue de Chirurgie* the same year. His preference was for iodoformized ether. The methods were fully described in the treatise of Dr. Thuan, Paris, 1887.

The abscess is emptied as completely as possible of pus by means of a puncture and aspiration, which is followed by an injection of iodoformized ether. The strength of the solution is five per cent. of iodoform, but the stronger solution is ten per cent., each of which is used according to indications. The weaker solution is used when large cavities have to be filled, while the stronger is used for smaller cavities. The quantity of fluid injected varies according to the size of the cavity, but should not contain more than four or five grammes of iodoform. The punctured wound is then closed with iodoformized collodion and layers of cotton-wool.

It is reported that the pain caused by the operation is sometimes very keen, but passes off in the course of a few hours. The abscess after the injection becomes more or less tympanitic by reason of the volatilization of the ether. This condition

continues for three or four days. The breath of the patient smells of the ether during from twenty-four to forty-eight hours. In the most favorable cases the tumor after one or two injections gradually diminishes, and after a certain time only a hard, solid mass is found, which by degrees is converted into a small prominent nucleus. In other cases the abscess fills again, and requires repeated punctures at intervals of from two to four weeks. In a third group of cases the abscess heals after a spontaneous rupture. It is a curious fact, however, that the recovery in cases is much more rapid than if no spontaneous rupture had taken place. Again, there are cases which are not modified or benefited by the puncture. It is said, also, in this paper that these injections are not without inconvenience, and even dangerous,—viz., sloughing of the skin, more or less extensive subcutaneous ether-emphysema.

In a case reported by Dr. Boeckel in the *Gazette Médical de Strasbourg*, July, 1885, sudden death took place during the operation. Recklinghausen, who made the autopsy, discovered a communication of the abscess with the subclavian artery.

Billroth uses as an injection a solution of ten per cent. of iodoform in glycerin, and his injection is made through the same trocar which has served for the evacuation of the pus. Billroth's results are said to be most satisfactory, with this drawback, however, that the treatment is generally protracted over several months.

From a study of the paper I confess that I am not prejudiced in favor of this method. Nothing is said here about any protection of bones or joints diseased; and if no such treatment has been employed, then we can scarcely compare results with the method I have advocated in the present communication.



The history of the United States of America is a story of growth and development. It begins with the first settlers who came to the continent in search of a new life. These settlers found a land of vast resources and potential, but they also found a land that was already inhabited by a diverse and rich culture of Native Americans. The story of the United States is a story of the struggle for independence, the fight for equality, and the pursuit of the American dream. It is a story of the challenges and triumphs of a young nation that has grown from a small colony to a global superpower. The history of the United States is a testament to the resilience and ingenuity of the American people, and it is a story that continues to inspire and shape the world today.



# Important Announcement for 1888.

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The publishers take pleasure in announcing that, in addition to the regular contributions, the following valuable series of scientific articles will be published in the ARCHIVES OF PEDIATRICS during 1888:

## I. THERAPEUTICS OF INFANCY AND CHILDHOOD,

by A. JACOBI, M.D., Clinical Professor of Diseases of Children in the College of Physicians and Surgeons, President of the New York Academy of Medicine, etc.

The plan and scope of these articles are given in the following extract from Prof. Jacobi's letter to our editor:

"I will prepare an essay of ten or twelve pages for every monthly issue of your journal. The subjects will be therapeutical. The first paper will probably contain general principles in their application to the disorders of early age. The following will treat of the therapeutics of the diseases of the newly-born, of developmental and infectious diseases, those of the organs of circulation and respiration, genito-urinary organs, stomach, and other abdominal viscera, muscles and bones, skin, nervous system, etc. Other subjects which will be treated of afterwards are certain classes of remedies, such as anæsthetics, narcotics, anti-febriles, purgatives, absorbents, roborants and stimulants, etc. If there be time and room, the most interesting diseases, such as epilepsy, chorea, whooping-cough, and growths, may become the subjects of special papers.

Begin in January and run through the year.

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## II. THE SYPHILITIC AND GENITO-URINARY DISEASES OF INFANTS AND YOUNG CHILDREN,

by F. R. STURGIS, M.D., Professor of Venereal and Genito-Urinary Diseases in the New York Post-Graduate Medical School and Hospital, etc.

These articles will cover the following, especially, viz.:

1. General considerations of syphilis in children and the methods by which it may be acquired.

2. Lesions of the skin and mucous membranes in syphilitic children.

3. Lesions of the bones, viscera, and nervous system in syphilitic children.

4. Affections of the eye, ear, and teeth in syphilitic children.

5. Treatment of infantile syphilis and its sequelæ.

6. Diseases of the bladder and urethra in children.

7. Functional disorders of the genito-urinary organs.

8. Medico-legal aspects of venereal diseases in children.

Begin in January and run to August.

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